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ABSTRACT

The paper criticizes the lack of standards of excellence in special education and notes the damaging effect of this situation on teacher education. It draws parallels with the reform of medical education in the early 1900's, describing the changes instituted at Harvard and Northwestern Universities and the developments fostered at the Johns Hopkins Medical School. Many of the same obstacles that hindered reform in medical education exist today in the field of special education, including fear of declining enrollments, the field's inability to seek and accept reform, and lack of application of basic research to problems confronting teachers. The paper concludes by citing the Council for Exceptional Children's ongoing work on professional standards which has resulted in eight proposed principles as the code of ethics for the special education profession. (CL)

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STANDARDS NOW, STANDARDS ALWAYS

THE BULWARK OF A STRONG PROFESSION

Harold W. Heller

SPECIAL EDUCATORS HAVE LONG ACKNOWLEDGED THAT THERE IS NOTHING THEY WISH MORE FOR EXCEPTIONAL CHILDREN THAN THE VERY BEST POSSIBLE EDUCATION AND TREATMENT. YET, THESE SAME SPECIAL EDUCATORS CONTINUE TO LABOR WITHOUT AN ACCEPTED CODE OF ETHICS OR STANDARDS OF PRACTICE AND PERSONNEL PREPARATION. THEY CONTINUE TO PRACTICE WITHOUT AN ADHERENCE TO AN ESTABLISHED LEVEL OF QUALITY TO WHICH ALL SUBSCRIBE AND A LEVEL THAT MIGHT WELL SERVE TO GUARANTEE THE BEST POSSIBLE TREATMENT AND EDUCATION FOR EXCEPTIONAL CHILDREN. THEY CONTINUE TO ACCEPT AND/OR TOLERATE SERVICES AND PROGRAMS FOR EXCEPTIONAL CHILDREN THAT RANGE FROM EXCELLENT TO ABUSE. THEY CONTINUE TO ACCEPT PROFESSIONALS INTO THE FIELD WHO ARE MINIMALLY PREPARED AND TOLERATE CERTIFICATION PRACTICES WHICH ARE AT BEST MINIMAL, THEREBY MAXIMIZING INCLUSIVENESS FOR ALL WHO MIGHT WISH TO CALL THEMSELVES SPECIAL EDUCATORS WHILE NEGATING AN EXCLUSIVENESS THAT SEEKS TO SELECT ONLY THE BEST AS SPECIAL EDUCATORS. THE END RESULT IS, AS IT ALWAYS HAS BEEN, THE BEST POSSIBLE EDUCATION AND TREATMENT PROGRAMS FOR THE EXCEPTIONAL CHILD ARE VERBALIZED PLATITUDES AND DO NOT EXIST IN QUANTITY ANYWHERE.

WHY IS IT THAT SPECIAL EDUCATORS WANT ONE THING BUT SEEK NOT TO ACHIEVE IT? WHY NOT ESTABLISH STANDARDS OF EXCELLENCE RATHER THAN A SYSTEM PREDICATED ON MINIMUMS? WHY DO SPECIAL EDUCATORS TOLERATE

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A FLUCTUATING STATE OF EXISTENCE FROM ONE "IN THING" TO ANOTHER WITHOUT PROPER SCRUTINY OF EITHER THE PRECIPITANTS FOR CHANGE OR THE CONSEQUENCES SUCH A CHANGE MIGHT LEVY? COULD IT BE THAT THE REASONS FOR ALL THE PRECEDING MIGHT BE ANSWERED BY THE STATEMENT, "THERE ARE NO STANDARDS TO ADHERE TO OR GOVERN PRACTICE; THUS, A RULE OF FLOTATION OCCURS WHERE THE LEVEL OF A HAPPY MEDIUM IS FOUND UNTIL RIPPLES ARE ONCE AGAIN MADE FORCING A NEW LEVEL TO BE SOUGHT." THE IMPRESSION ONE HAS FROM VIEWING SUCH A PHENOMENON IS ANALOGOUS TO THAT OF THE PROVERBIAL "RATS LEAVING A SINKING SHIP." SPECIAL EDUCATORS ARE FREQUENTLY ADRIFT IN THE MURKY WATERS OF (GOOD INTENTION) MEDIOCRITY WITHOUT A STANDARD TO HANG ONTO.

MUCH OF THE SPECIAL EDUCATOR'S DILEMMA HAS RESULTED FROM THEIR UNWILLINGNESS TO DATE TO ESTABLISH STANDARDS, INTERPRET THESE STANDARDS IN QUALITATIVE/QUANTITATIVE MEASURES FOR APPLICATION PURPOSES, AND THEN ENFORCE THEM ONCE APPLIED. AS A RESULT, EVEN WHEN GIVEN SOME OF THE GREATEST LEGISLATION EVER FOR THE HANDICAPPED IN THE PAST CENTURY, PUBLIC LAW 94-142, THE FIELD OF SPECIAL EDUCATION HAS FAILED TO GAIN A QUALITATIVE FOOTHOLD IN EDUCATION. THE FIELD'S OWN LITERATURE IS LOADED WITH EXAMPLES OF POOR PROGRAMMING, CONSTANT CHANGES IN THE PENDULUM OF WHAT IS OR IS NOT CORRECT INSTRUCTIONAL STRATEGY, AND A CONTINUING FERMENT AMONG ITS MEMBERS AS TO WHAT IS INDEED THE "BEST" EDUCATION FOR THE EXCEPTIONAL CHILD. EVEN THE FIELD'S TEXTBOOKS EXPRESS THE INABILITY TO DETERMINE A COMMON PROGRAMMING CORE AS EVIDENCED BY THE PROLIFERATION OF TEXTS ON EXCEPTIONAL CHILDREN AND THE VARIOUS CLASSIFICATIONS

OR CATEGORIES THEREOF. THE ONLY OTHER PROFESSION TO COME CLOSE TO SUCH PROLIFERATION IS REGULAR EDUCATION WHOSE "FOUNDATIONS" AREA ALONE PRODUCES BOOKS BY THE POUND EACH YEAR. THE STATUS OF REGULAR EDUCATION IS WELL KNOWN AND SPECIAL EDUCATION SEEMS NO DIFFERENT. REGULAR EDUCATION, LIKE SPECIAL EDUCATION, HAS ELECTED NOT TO FORCE UPON ITSELF STRONG STANDARDS. INSTEAD, IT TOO PREFERS TO ACCEPT "ADHERENCE TO THE MINIMA" AND PROLIFERATES PROGRAMS EVEN WHEN IT IS CLEAR THAT NOT "MORE" BUT "BETTER" IS NEEDED.

CONTRAST THIS WITH MEDICINE, LAW, ENGINEERING, ARCHITECTURE, BUSINESS, OR THE HELPING SPECIALITIES OF NURSING, SOCIAL WORK, AND PSYCHOLOGY. MEDICINE, LAW, AND ENGINEERING HAVE BEEN ESPECIALLY EFFECTIVE IN MAINTAINING HIGH STANDARDS AND CONTROLLING PROLIFERATION. THE RESULT HAS BEEN A MAXIMIZATION OF SCARCE RESOURCES AND THE ESTABLISHMENT OF A HIGH LEVEL OF RESPECT BY THE PUBLIC FOR GRADUATES OF SUCH PROGRAMS. RESPECT AND QUALITY ARE (IN MY OPINION) RELATED AND THE DIMINISHMENT OF ONE, SERVES TO DIMINISH THE OTHER. PERHAPS NOWHERE IS THIS FACT MORE EVIDENT THAN IN EDUCATION WHICH HAS SEEN THE RESPECT FOR ITS MEMBERS ERODE TO A LOW OF CONSIDERABLE CONSEQUENCE. THERE ARE MANY TODAY WHO WELL CAN RECALL WHEN THE TEACHER WAS ONE OF THE MOST, IF NOT THE MOST, RESPECTED PERSONS IN A COMMUNITY. USING ALMOST ANY SCALE FOR COMPARISON, THE CONTINUED DROP IN QUALITY OF THOSE SELECTED INTO EXISTING TEACHER EDUCATION PROGRAMS IS EVIDENT WITH THE RESULTANT CONDITION BEING A REDUCED IMAGE (RESPECT) FOR THE TEACHER OR EDUCATOR.

BUT, REFORM IN SPECIAL EDUCATION IS POSSIBLE JUST AS IT WAS IN MEDICAL EDUCATION DURING THE EARLY 1900'S. HISTORIANS (FISHBAIN,

1947; SKYROCK, 1960, 1966; DAVIS, 1877; & STRITTER, 1969) NOTE THAT DURING THE 19TH CENTURY, AND AS LATE AS 1910, MEDICINE AND MEDICINE EDUCATION WAS IN "A MESS." LIKE SPECIAL EDUCATORS, MEDICAL EDUCATORS WERE ALSO QUITE AWARE OF THE INADEQUACY OF MEDICAL EDUCATION (STITTER, 1969) BUT THEY SEEMED UNWILLING TO DO ANYTHING OF CONSEQUENCE TO CORRECT A BAD (AND GETTING WORSE) SITUATION. AS STRITTER NOTED: "MANY MEETINGS WERE HELD AND JOURNAL ARTICLES WRITTEN DURING THE SECOND HALF OF THE NINETEENTH CENTURY, ALL OF WHICH SEEMED TO HAVE NO UNIFORM EFFECT (ON THE REFORM OF MEDICAL EDUCATION)" (STITTER, 1969: 10). TODAY, SPECIAL EDUCATORS, LIKE THOSE MEDICAL EDUCATORS OF THE EARLY DAYS, KNOW THE FIELD IS IN DISARRAY AND THEY TOO WRITE JOURNAL ARTICLES AND HOLD MEETINGS, NONE OF WHICH HAS HAD MUCH MEASURABLE IMPACT ON SPECIAL EDUCATION EITHER. BUT THE MEDICAL EDUCATORS DID NOT GIVE UP, THEY KEPT AT IT.

NORTHWESTERN AND HARVARD WERE TWO INSTITUTIONS WHICH CHANGED THEIR PROGRAMS SUBSTANTIALY. THESE CHANGES WERE PRAISED BY BOTH MEDICAL LEADERS AND LAY PERSONS BUT WERE NOT WELL RECEIVED BY THE MEDICAL PROFESSION AT LARGE. IN FACT, MOST WERE STRONGLY RESISTED. SOUNDS FAMILIAR, DOES IT NOT?

DR. PHIL SCHLECHTY, A PROFESSOR OF EDUCATION AT THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL AND A CLOSE PERSONAL COLLEAGUE, HAS ON NUMEROUS OCCASIONS PROVIDED ME WITH A HISTORICAL OVERVIEW OF THE EVOLUTION OF MEDICAL REFORM. RETELLING HIS STORY, AS HE PRESENTED IT TO ME, WILL, AND DOES, PROVIDE A LESSON OF GREAT PARALLEL TO THOSE OF US ACTIVE IN SPECIAL EDUCATION TODAY:

FOR EXAMPLE, AFTER THE HARVARD MEDICAL SCHOOL INITIATED A MAJOR REFORM, WHICH INCREASED THE PERIOD OF TRAINING TO THREE YEARS ALONG WITH THE INTRODUCTION OF A GRADED CURRICULUM, THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) ATTEMPTED TO REQUIRE SIMILAR REFORMS OF ITS MEMBERSHIP. PROBABLY IN RECOGNITION OF THE RESISTANCE TO SUCH CHANGES BY THE LEADERSHIP IN THE FIELD, THE AAMC SUGGESTED A LESS "RADICAL" PROGRAM THAN THAT PROPOSED BY HARVARD. NONETHELESS, AS STRITTER REPORTS:

A VIOLENT DISAGREEMENT OVER THE REPORT ENSUED, WHICH RESULTED IN THE DISBANDMENT OF THE AAMC, THE OPPOSITION SUPPORTING THE OLD TWO TERM CURRICULUM.

OF EVEN MORE INTEREST THAN THE RESISTANCE TO THE REFORMS PROPOSED BY HARVARD AND NORTHWESTERN WERE THE FACTORS THAT GAVE RISE TO INTERNAL CHANGES WITHIN THESE INSTITUTIONS. AT NORTHWESTERN, THE BASIC SUPPORT FOR CHANGE OCCURRED BECAUSE SEVERAL FACULTY MEMBERS AT THE RUSH MEDICAL COLLEGE IN CHICAGO BECAME DISSATISFIED WITH THE EXISTING PATTERN OF MEDICAL EDUCATION (THE PRECEPTORIAL METHOD) AND ADVOCATED CHANGE. HOWEVER,

. . . ATTEMPTS AT REFORM IN THEIR OWN INSTITUTION WERE BLOCKED BY AN AUTOCRATIC PRESIDENT WHO FEARED LOSS OF STUDENT PARTONAGE IF HIGHER STANDARDS WERE ADOPTED. A SMALL GROUP OF FACULTY LED BY DR. NATHAN S. DAVIS, ONE OF THE FOUNDERS OF THE AMERICAN MEDICAL ASSOCIATION, LEFT RUSH TO FORM A NEW MEDICAL SCHOOL, THE MEDICAL DEPARTMENT OF LIND UNIVERSITY, IN 1859. THIS SCHOOL BECAME THE CHICAGO MEDICAL COLLEGE IN 1863, AND THE MEDICAL COLLEGE OF NORTHWESTERN UNIVERSITY IN 1870. (STRITTER, 1969: 15-16)

THIS GROUP OF QUALITY CONSCIOUS FACULTY INITIATED NEGOTIATIONS WITH NORTHWESTERN UNIVERSITY AND WERE ABLE TO EFFECT SOME CHANGES IN MEDICAL EDUCATION. THE FACT THAT FACULTY MADE THIS EFFORT IS ESPECIALLY NOTEWORTHY. YET, THE CHANGES THESE FACULTY ADDRESSED,

WHILE SIGNIFICANT AT THE TIME, WERE IN RETROSPECT QUITE LIMITED. NORTHWESTERN, IT SEEMS, ACTED IN A MANNER CONSISTENT WITH MOST MODERN INSTITUTIONS OF HIGHER EDUCATION AND IMPLEMENTED THEM CAUTIOUSLY ACROSS AN EXTENDED PERIOD OF TIME. THEN, AS NOW, SOME THINGS ARE NOT AS PERMANENT AS A PROGRAM UNDERGOING CHANGE.

HARVARD FACILITATED ITS PROPOSED CHANGES QUITE DIFFERENTLY THANKS TO EXCELLENT ADMINISTRATIVE LEADERSHIP OF ITS PRESIDENT, CHARLES W. ELIOT. ONE OF ELIOT'S MAJOR GOALS FOR HARVARD WAS TO REFORM ITS MEDICAL EDUCATION PROGRAMS AND HE SOON SET ABOUT DOING SO SHORTLY AFTER BECOMING PRESIDENT. HOWEVER, AT HARVARD, UNLIKE THE RUSH MEDICAL FACULTY, ELIOT ENCOUNTERED A FACULTY WHO RESISTED CHANGE AND IT REQUIRED NEARLY AUTHORITARIAN-TYPE LEADERSHIP TO OVERCOME. STRITTER CITES ELIOT'S FIRST ANNUAL REPORT (1869-70), A DESCRIPTIVE OF THE PROBLEMS OF CHANGE AT HARVARD. ELIOT'S REPORT, ACCORDING TO STRITTER, STATED:

THE WHOLE SYSTEM OF MEDICAL EDUCATION NEEDS THOROUGH REFORMATION. THE COURSE OF PROFESSIONAL INSTRUCTION SHOULD BE A PROGRESSIVE ONE COVERING THREE YEARS; THE WINTER SESSION AND THE SUMMER SESSION SHOULD BE COMBINED; AND THE STUDENT SHOULD GIVE HIS ATTENDANCE AT LECTURES AND RECITATIONS, AT HOSPITALS AND LABORATORIES DURING THE WHOLE YEARS.

ELIOT FOLLOWED THIS BY TAKING THE CHAIR AT A MEETING OF THE FACULTY OF MEDICINE, A FIRST FOR A HARVARD PRESIDENT. HIS CURRICULUM PROPOSAL LED TO CONTROVERSY AMONG THE FACULTY, EQUALLY SPLIT BETWEEN THE CONSERVATIVES LED BY HENRY BIGELOW, A DISTINGUISHED SURGEON, AND THE REFORMERS LED BY ELIOT. THE CONSERVATIVES BELIEVED THAT "PHYSICIANS WERE BORN, NOT MADE" AND THAT INEVITABLE REDUCTION IN STUDENT ENROLLMENT COULD EXCLUDE A MEDICAL GENIUS. ELIOT, HOWEVER, SWUNG THE TIDE IN FAVOR OF REFORM CITING AN EXAMPLE OF A RECENT HARVARD MEDICAL SCHOOL GRADUATE WHO HAD KILLED THREE MEN WITH OVERDOSES OF MORPHINE: "IF THIS IS THE TYPE OF PHYSICIAN THE SCHOOL IS GRADUATING, IT IS HIGH TIME TO REFORM

THE HARVARD MEDICAL SCHOOL.' BIGELOW MADE ONE MORE EFFORT ASKING WHY CHANGES WERE NEEDED WHEN EVERYTHING AT THE MEDICAL SCHOOL WAS QUIET AND PROSPEROUS, ELIOT THEN MADE HIS FREQUENTLY QUOTED STATEMENT: 'I CANTELL DR. BIGELOW THE REASON; WE HAVE A NEW PRESIDENT.' THERE WAS EVIDENTLY NO ROOM LEFT FOR ARGUMENT AFTER THAT POINT AND ON APRIL 7, 1871, THE FACULTY ADOPTED A COMPLETELY GRADED COURSE OF STUDY EXTENDING OVER A THREE-YEAR PERIOD AND BASED UPON A NINE-MONTH ACADEMIC YEAR. (STRITTER, 1969: 17-18)

BECAUSE, AND PERHAPS ONLY BECAUSE, ELIOT HAD SOME DICTATOR BEHAVIOR IN HIM, MEDICAL EDUCATION CHANGES OCCURRED AT HARVARD. STORNG LEADERSHIP WILL BE NEEDED IN SPECIAL EDUCATION AS WELL IF REFORM, LASTING REFORM ESPECIALLY, IS TO BE REALIZED.

LATER, A NEW MODEL OF MEDICAL EDUCATION DID EMERGE THROUGH THE JOHNS HOPKINS MEDICAL SCHOOL OF JOHNS HOPKINS UNIVERSITY. THIS NEW MODEL REPRESENTED A "REAL" CHANGE AND ALTERED FOREVER THE COURSE OF MEDICAL EDUCATION IN AMERICA. SKYROCK (1966) NOTES THAT THE HOPKINS' MODEL INDEED PRECIPITATED A MAJOR REVOLUTION IN THE NATURE AND STATUS OF MEDICAL SCIENCE WHICH BENEFITTED ALL MEDICAL EDUCATION.

THE JOHNS HOPKINS MEDICAL SCHOOL INSTITUTED THE REQUIREMENT THAT A BACCALAUREATE DEGREE WAS NECESSARY FOR ADMISSION TO MEDICAL SCHOOL WHICH WAS CLOSELY ASSOCIATED WITH A TEACHING HOSPITAL AND UNIVERSITY. STRITTER (1969) NOTED THAT HOPKINS WAS THE FIRST MEDICAL SCHOOL IN THIS COUNTRY ESTABLISHED AS AN INTEGRAL PART OF AN ESTABLISHED UNIVERSITY. PRIOR TO HOPKINS, MEDICAL SCHOOLS, HELD EITHER AFFILIATIONS OR MAINTAINED A TOTALLY INDEPENDENT STATUS AS EDUCATIONAL AGENCIES. JOHNS HOPKINS UNIVERSITY'S MEDICAL SCHOOL WAS FACILITATED BY OTHER FACTORS UNIQUE TO THE INSTITUTION. SOME OF THE MORE NOTABLE FACTORS WERE:

1. JOHNS HOPKINS MEDICAL SCHOOL WAS CREATED IN A RELATIVELY NEW UNIVERSITY FOUNDED IN THE GERMAN TRADITION. WHILE IT EMBODIED THE TRADITIONAL QUALITY OF GERMAN EDUCATION, ITS OWN "NEWNESS" WAS FREE OF THE USUAL CONSTRAINTS SO MUCH A PART OF MOST AMERICAN INSTITUTIONS OF HIGHER EDUCATION. THIS FREEDOM FROM INTERNAL CONSTRAINTS ALLOWED JOHNS HOPKINS TO BE OPEN, EMPHASIZE RESEARCH, AND EXPERIMENT WITH NEW ORGANIZATIONAL PATTERNS. A BETTER PLACE TO TRY A NEW MODEL IN MEDICAL EDUCATION WOULD INDEED HAVE BEEN HARD TO FIND.
2. THE MEDICAL SCHOOL WAS ESTABLISHED WITH CONSIDERABLE SUPPORT FROM A PRIVATE DONOR WHO SET FORTH SPECIFIC CRITERIA THAT THE SCHOOL MUST MEET TO RETAIN THE FUNDS. SEVERAL OF THE MORE IMPORTANT OF THESE WERE:
(1) EQUAL OPPORTUNITY FOR MEN AND WOMEN; (2) A BACCALAUREATE DEGREE SHOULD BE A PREREQUISITE FOR ADMISSION; (3) THE COURSE OF STUDY IN MEDICAL SCHOOL SHOULD CONSTITUTE FOUR YEARS AND LEAD TO A DOCTOR OF MEDICINE DEGREE; AND (4) PROFESSORS SHOULD BE EMPLOYED ON A FULL-TIME BASIS FOR INSTRUCTION AND ALSO RESEARCH.
3. UNLIKE HARVARD AND NORTHWESTERN, JOHNS HOPKINS WAS A CAREFULLY PLANNED AND CONCEIVED MODEL. THE UNIVERSITY INCLUDED PROVISIONS FOR BOTH A TEACHING HOSPITAL AND A MEDICAL SCHOOL IN ITS MASTER PLAN. IN ADDITION, THE

UNIVERSITY WAS ABLE TO RECRUIT AN OUTSTANDING FACULTY THAT REFLECTED AN ORIENTATION QUITE CONSONANT WITH THAT OF THE UNIVERSITY'S MASTER PLANNERS. ABRAHAM FLEXNER (1925) DESCRIBES THIS FACULTY AS FOLLOWS:

ITS FACULTY WAS A GROUP OF YOUNG MEN WHOSE TRAINING IN ENGLAND, FRANCE, AND GERMANY MADE THEM PAINFULLY AWARE OF THE WRETCHED CONDITIONS GENERALLY OBTAINING IN THE UNITED STATES . . . THEY WELDED IN A NEW PATTERN THE SOUND FEATURES OF FRENCH, ENGLISH, AND GERMAN MEDICAL EDUCATION, DOING, WITHOUT THOUGHT OF CONSEQUENCES, THE LOGICAL, RATHER THAN THE PRUDENTIAL THING . . . IT WAS SIGNIFICANT, NOT BECAUSE THERE HAD BEEN NO OUTSTANDING FIGURES ELSEWHERE, BUT BECAUSE HERE FOR THE FIRST TIME A SMALL FACULTY EMBODIED A SOUND UNIVERSITY CONCEPT.

WITHIN TWENTY YEARS OF THE FOUNDING OF JOHNS HOPKINS MEDICAL SCHOOL (1910), THE MODELS OF MEDICAL EDUCATION THE SCHOOL EMBODIED BECAME LEGITIMIZED (SOME WOULD SAY ENSHRINED) BY THE NOW FAMOUS FLEXNER REPORT. STRITTER (1969) SUMMARIZES THE EVENTS LEADING UP TO THE FLEXNER REPORT AS FOLLOWS:

IN 1906 AND 1907 (AN AMA) COUNCIL TEAM COMPOSED OF COLWELL (THE SECRETARY OF THE COUNCIL) AND ONE OTHER MEMBER IN MOST INSTANCES, INSPECTED EVERY MEDICAL SCHOOL IN THE UNITED STATES. RATINGS WERE GIVEN TO EACH OF THE 160 SCHOOLS AND, ALTHOUGH THE "COUNCIL WAS VERY LENIENT IN ITS MARKINGS," PLACED 82 IN CLASS A (ACCEPTABLE), 46 IN CLASS B (DOUBTFUL), AND 32 IN CLASS C (UNACCEPTABLE). THESE INSPECTORS CALLED ATTENTION TO LOW STANDARDS, INADEQUATE PHYSICAL PLANTS, MEAGER RESOURCES, AND IN-COMPETENT FACULTIES. THIS PARTICULAR CLASSIFICATION WAS NOT PUBLISHED, BUT EACH COLLEGE WAS NOTIFIED OF ITS RATING. THE COUNCIL DID, HOWEVER, EXPOSE INFERIOR SCHOOLS BY PUBLISHING, BEGINNING IN 1906, THE RESULTS OF THEIR STUDENTS ON STATE LICENSURE EXAMINATIONS.

RESENTMENT OF THE COUNCIL'S CRITICISM FROM SUB-STANDARD MEDICAL SCHOOLS CREATED MUCH BAD FEELING AND THREATENED TO NULLIFY THE COUNCIL'S EFFORTS. THIS LED THE COUNCIL TO SEEK ASSISTANCE OF AN OUTSIDE AGENCY WITH PRESTIGE IN THE FIELD OF GENERAL EDUCATION. THE CARNEGIE FOUNDATION FOR THE ADVANCEMENT OF TEACHING WAS CONCERNED AT

AT THAT TIME WITH THE ENTIRE SYSTEM OF HIGHER EDUCATION IN NORTH AMERICA. IN MEDICINE, IT FOUND A PROFESSION MORE WILLING THAN OTHERS TO SUBJECT ITS EDUCATION TO OUTSIDE EVALUATION. THE FOUNDATION WAS EAGER TO COOPERATE WITH THE COUNCIL. IN 1908 DR. HENRY PRITCHETT, PRESIDENT OF THE CARNEGIE FOUNDATION, AGREED TO SPONSOR A SURVEY OF MEDICAL COLLEGES THROUGHOUT THE COUNTRY. TO AVOID ANY CLAIMS OF PARTIALITY, IT WAS DECIDED TO MAKE NO MORE MENTION IN THE REPORT OF THE COUNCIL THAN OF ANY OTHER SOURCE OF INFORMATION. IT WAS MEANT TO BE AN INDEPENDENT REPORT BY A DISINTERESTED PARTY. HE LATER WROTE: "THE PROPER MAN TO STUDY MEDICAL EDUCATION WAS A LAYMAN WITH GENERAL EDUCATIONAL EXPERIENCE, NOT A PROFESSOR IN A MEDICAL SCHOOL." FLEXNER AND COLWELL WORKED CLOSELY TOGETHER TO INSPECT ALL AMERICAN MEDICAL SCHOOLS BETWEEN 1909-1910. FLEXNER, IN HIS WRITING, MADE USE OF COLWELL'S CAUTIOUS AND TACTFUL REPORTS PREVIOUSLY WRITTEN FOR THE COUNCIL. FLEXNER DESCRIBED THEM AS "EXTREMELY DIPLOMATIC, BECAUSE THEY WERE PREPARED BY A COMMITTEE OF PHYSICIANS ABOUT MEDICAL SCHOOLS, THE FACULTIES OF WHICH CONSISTED OF THEIR FELLOW PHYSICIANS." FLEXNER, HOWEVER, WAS "FORTUNATELY IN A POSITION TO TELL THE TRUTH WITH UT-MOST FRANKNESS." PP. 98-101

ALMOST EVERYONE FAMILIAR WITH THE FLEXNER REPORT FINDS IT INTRIGUING RELATIVE TO THE WAY FLEXNER OBTAINED HIS UNDERSTANDING OF WHAT MEDICAL EDUCATION SHOULD BE LIKE FROM THE HOPKINS' FACULTY. AS A RESULT MOST HISTORIANS (CREMIN, 1978) FEEL THAT THE EXISTANCE OF THE JOHNS HOPKINS MEDICAL SCHOOL DID MORE FOR REFORM IN MEDICAL EDUCATION THAN THE FLEXNER REPORT. AFTER ALL, THE BASIS FOR MOST OF FLEXNER'S REPORT WAS THE JOHNS HOPKINS MODEL AND BOTH THE FACULTY AND GRADUATES OF THE PROGRAM BECAME THE FOREMOST ADVOCATES IN THE MEDICAL EDUCATION MOVEMENT.

WHILE THERE IS DANGER IN COMPARING THE EVENTS OF ONE ERA WITH THOSE OF ANOTHER, IT IS INTERESTING TO CONSIDER HOW OR IF REFORM IN MEDICAL EDUCATION MIGHT APPLY TO REFORM IN SPECIAL EDUCATION.

CLEARLY, MANY FACTORS THAT STOOD IN THE WAY OF REFORM IN MEDICAL EDUCATION BETWEEN 1860 AND 1900 CURRENTLY STAND IN THE

WAY OF REFORM IN SPECIAL EDUCATION. FOR EXAMPLE, ONE OF THE GREATEST FEARS CONFRONTING MEDICAL EDUCATORS WAS THE FEAR OF DECLINING ENROLLMENTS IF STANDARDS WERE INCREASED, ESPECIALLY, GIVEN THE PROSPECT OF COMPETITION FROM WEAK OR INFERIOR MEDICAL COLLEGES. SUCH FEARS ARE QUITE AS REAL IN SPECIAL EDUCATION TODAY AS IN ALL EDUCATION GIVEN THE GENERAL DECLINE IN COLLEGE ENROLLMENTS. TOO, THERE ARE MANY FACULTY WHO FEEL THAT AFFECT IS MUCH MORE IMPORTANT THAN ACADEMIC EXCELLENCE. THEIR VIEW IS THAT TEACHERS ARE BORN, NOT MADE AND THAT STRICT AND HIGH ADMISSION REQUIREMENTS WILL EXCLUDE THE FEELING TEACHER OR THAT ONE PERSON WHO IS A GREAT TEACHER BUT ONLY AN AVERAGE STUDENT.

IT IS ALSO TRUE, THAT, LIKE HARVARD AND NORTHWESTERN, SOME SCHOOLS OF EDUCATION AND INSTITUTIONS OF HIGHER EDUCATION HAVE INDEED BEEN ABLE TO INSTITUTE MINOR CHANGES IN THE EDUCATION OF TEACHERS. AND, THE SOURCE OF THESE CHANGES HAS OFTEN BEEN A REBELLIOUS FACULTY OR A DYNAMIC (AUTOCRATIC?) DEAN OR COLLEGE PRESIDENT. IT IS ALSO THE CASE THAT MOST OF THESE "MODELS" HAVE NOT BEEN REPLICABLE IN OTHER SCHOOLS. INDEED WHERE ATTEMPTS HAVE BEEN MADE TO REPLICATE THEM, THE IMPLEMENTATIONS HAVE GENERALLY BEEN RESHAPED SO EACH ULTIMATELY RESEMBLES SOMETHING ALREADY TRIED. THAT'S IS WHY PEOPLE OFTEN FEEL THERE IS NEVER ANYTHING NEW IN EDUCATION BECAUSE THERE IS A TENDENCY ONLY TO REVISE, NEVER REFORM. REFORM IS A HARSH WORD AND AS A RESULT, THERE IS NO AGENCY WILLING TO UNDERTAKE WHAT FLEXNER DID FOR MEDICAL EDUCATION. ACCORDING TO SCHLECHTY (1981), THERE ARE SEVERAL REASONS FOR THE EDUCATIONS INABILITY TO SEEK AND ACCEPT REFORM. THESE REASONS ARE:

FIRST, EDUCATIONAL REFORMERS HAVE GENERALLY BEEN "BOUND" BY FUNDING PATTERNS THAT REQUIRE THAT THE FISCAL AGENT BE AN ESTABLISHED INSTITUTION OF HIGHER EDUCATION, OR MORE RECENTLY PUBLIC SCHOOLS (E.G., THE TEACHER CENTER LEGISLATION). THUS, IT HAS BEEN VIRTUALLY IMPOSSIBLE TO BREAK DRAMATICALLY FROM TRADITION (AS JOHNS HOPKINS WAS ABLE TO), FOR IT HAS BEEN NECESSARY TO COMPLY WITH THE NORMS OF THE SPONSORING AGENCY. FOR EXAMPLE, EVEN IN FISCAL MATTERS MOST FUNDING AGENCIES REQUIRE THAT LOCAL CUSTOM BE ADHERED TO, UNLESS OF COURSE LOCAL CUSTOM IS MORE "LIBERAL" THAN THE CUSTOM OF THE FUNDING AGENCY.

SECOND, THE PATTERN OF FUNDING OF EDUCATIONAL REFORM HAS BEEN IN THE FORM OF GRANTS FOR SPECIFIED PERIODS OF TIME RATHER THAN IN THE FORM OF PERPETUAL--THOUGH CONDITIONAL--ENDOWMENTS. AS THE CASE OF JOHNS HOPKINS CLEARLY ILLUSTRATES, AN ENDOWMENT, PROPERLY SPECIFIED, CAN ALMOST FORCE INNOVATION AND CHANGE, WHILE AT THE SAME TIME GIVING INNOVATORS AND CHANGE AGENTS SUFFICIENT SECURITY TO "DO THE LOGICAL RATHER THAN THE PRUDENTIAL THING."

THIRD, MOST EFFORTS TO REFORM TEACHER EDUCATION HAVE TAKEN PLACE WITHIN THE CONTEXT OF EXISTING ORGANIZATIONS, WITH A LONG TRADITION AND WELL-ESTABLISHED PATTERNS OF INTERACTION AND REWARD. THE CONSEQUENCES ARE GENERALLY WELL-KNOWN. SPECIAL "PROJECTS" WITH SPECIAL STAFF (SOMETIMES REFERRED TO AS "SOFT MONEY FACULTY") ARE ESTABLISHED ALONGSIDE REGULAR PROGRAMS. THERE IS USUALLY LITTLE

INTERACTION BETWEEN THE REGULAR PROGRAM STAFF AND THE SPECIAL STAFF, AND AFTER THE OUTSIDE REVENUE DISAPPEARS SO DOES THE "INNOVATION." THERE MAY BE SOME RESIDUAL EFFECTS (E.G., A NEW COURSE, SOME NEW MATERIALS, A NEW RELATIONSHIP WITH A FEW SCHOOL SYSTEMS) BUT CERTAINLY NO EFFECTS THAT ARE DEMONSTRABLY OF LONG-TERM SIGNIFICANCE (E.G., HOWSAM ET AL, 1976). IF THE EXAMPLE OF JOHNS HOPKINS MEDICAL SCHOOL SUGGESTS ANYTHING, IT CLEARLY SUGGESTS THE IMPORTANCE OF ESTABLISHING NEW PROGRAMS, ESPECIALLY IF THESE PROGRAMS ARE "TO BREAK DRAMATICALLY WITH DOMESTIC TRADITION," IN ENVIRONMENTS WHERE TRADITION IS NOT FIRMLY IMBEDDED AND WHERE CHANGE PLANS CAN BE LOGICALLY DEVELOPED AND SYSTEMATICALLY INSTITUTED. JOHNS HOPKINS UNIVERSITY WAS ONLY TWENTY YEARS OLD WHEN THE MEDICAL SCHOOL WAS ESTABLISHED AND THE MEDICAL SCHOOL (AND THE TEACHING HOSPITAL) WERE A PART OF THE PLAN OF THE UNIVERSITY FROM THE OUTSET.

FOURTH, FEW PLANS FOR REFORM IN TEACHER EDUCATION HAVE INCLUDED SYSTEMATIC ATTENTION TO THE CENTRAL ROLE THE CREATION OF A GENERAL AND SYSTEMATIC KNOWLEDGE APPROPRIATE TO THE OCCUPATION MIGHT PLAY IN THE EDUCATION OF TEACHERS. THOUGH FUNDING AGENCIES (E.G., NIE) EMPHASIZE THE NEED FOR "BASIC RESEARCH" AND THE APPLICATION OF RESEARCH TO PROBLEMS CONFRONTING TEACHERS, TO DATE LITTLE GAIN HAS BEEN MADE IN MAKING THIS APPLICATION POSSIBLE. ONE OF THE REASONS FOR THIS, SURELY, IS THE STATUS AND AUTHORITY DIFFERENTIAL BETWEEN EDUCATIONAL RESEARCHERS AND TEACHERS. FEW, IF ANY TEACHERS,

CAN TODAY FEEL THAT THEY ARE PEERS AND COLLEAGUES OF RESEARCHERS. EVEN FEWER FEEL A SENSE OF SUPERIORITY (THOUGH MANY FEEL DISDAIN).

REFLECTIVE OF OUR PROBLEM HAS BEEN THE RESPONSES BY SPECIAL EDUCATORS TO THE STANDARDS OF PRACTICE AND PREPARATION BEING FORMULATED BY THE COUNCIL FOR EXCEPTIONAL CHILDREN. A PROPOSED STANDARD REQUIRING A PRACTICUM IN EACH AREA OF SPECIALIZATION RECEIVED CONSIDERABLE DEBATE AND INTERESTINGLY MOST PEOPLE FELT IT WAS TOO STRINGENT. SUGGESTIONS RAN FROM ALTERNATIVES TO PRACTICUM SUCH AS SIMULATION AND/OR COMMENTS THAT FELT SPECIALIZATION MEANT CATEGORIES THEREFORE DISCRIMINATING AGAINST THE SO-CALLED CROSS-CATEGORICAL, GENERIC, OR TRANSCATEGORICAL APPROACH WHICH QUALIFIES A PERSON TO TEACH IN TWO OR MORE AREAS OF EXCEPTIONALITY. FOR EXAMPLE, IN TENNESSEE SUCH A SPECIALIZATION ENABLES A PERSON PREPARED AT THE UNDERGRADUATE LEVEL TO TEACH THE MENTALLY HANDICAPPED, EMOTIONALLY HANDICAPPED, PHYSICALLY HANDICAPPED, LEARNING DISABLED, AND THE GIFTED CHILD. STUDENTS EARNING SUCH A CERTIFICATION ARE NOT REQUIRED TO DO A PRACTICUM WITH CHILDREN DISPLAYING ALL OF THESE CHARACTERISTICS OR LEARNING PROBLMES BUT MAY SPEND IT WITH CHILDREN HAVING ONLY ONE OF THEM INSTEAD. YET, IF A JOB OPENS IN A PROGRAM SERVING CHILDREN OTHER THAN THOSE WITH WHOM THE STUDENT HAD A PRACTICUM EXPERIENCE, HE OR SHE WILL LIKELY TAKE IT BECAUSE PROGRAMMATICALLY THEY ARE QUALIFIED BY CERTIFICATE TO DO SO ALBEIT NOT EXPERIENTIALLY. WHAT IS OF EVEN GREATER CONCERN IS THE FACT THAT MANY OF THESE STUDENTS ARE CERTIFIED IN THE CATEGORIES MENTIONED WITHOUT ANY REGARD WHATSOEVER TO THE SEVERITY OF THE HANDICAPPING CONDITION. IS IT TOO

MUCH TO EXPECT PROSPECTIVE TEACHERS TO INTERACT EFFECTIVELY, UNDER SUPERVISION, WITH CHILDREN WHO HAVE LEARNING PROBLEMS SIMILAR TO THOSE THEY'LL BE TEACHING? HOW GENERAL CAN A PREPARATION PROGRAM BECOME BEFORE THE AGE-OLD CLICHE, "JACK-OF-ALL-TRADES, MASTER OF NONE" BECOMES A REALITY? IF AN ERROR MUST BE MADE SHOULD IT BE IN THE DIRECTION OF OVER-SPECIALIZATION OR GENERALIZATION? DOES A CHILD WITH A MILD HANDICAPPING CONDITION DESERVE A SPECIALIST OR GENERALIST?

THE QUESTIONS RELATED TO THE EXAMPLE NOTED ABOVE ARE NOT EASILY ANSWERED BUT WITHOUT STANDARDS TO GOVERN PREPARATION, THE POTENTIAL TO NEVER RESPOND TO THEM IS NOT ONLY PROBABLE BUT PREDICTABLY LIKELY. A STANDARD RELATING TO PRACTICUM WILL DRAW ATTENTION TO THE NEED FOR QUALITY PRACTICE UNDER SUPERVISION BEFORE CERTIFICATION. THE INTERPRETATION OF JUST WHAT CONSTITUTES ENOUGH MUST FOLLOW THE ACCEPTANCE OF THE STANDARD AND BE EQUALLY ACCEPTABLE TO CONSUMERS, THE HANDICAPPED, AND PROFESSIONALS ALIKE.

THE COUNCIL FOR EXCEPTIONAL CHILDREN (CEC) HAS, SINCE ITS FIRST ORGANIZATIONAL MEETING, SUBSCRIBED TO A MISSION STATEMENT THAT VIEWED STANDARDS FOR PERSONNEL AS A PRIORITY. THROUGH THE YEARS THE COUNCIL HAS NEVER LOST THIS FOCUS ALBEIT PROBLEMS RELATING TO ORGANIZATIONAL DEVELOPMENT AND SECURING APPROPRIATE PROGRAMS AND SERVICES FOR THE EXCEPTIONAL HAS RIGHTFULLY USURPED MUCH OF ITS ENERGY. IN SPITE OF THE LATTER, CEC HAS THRICE ENACTED PROFESSIONAL STANDARDS PROJECTS, THE LAST OF THESE NOW UNDERWAY. THE THRUST OF THE FIRST TWO EFFORTS WAS ORIENTED SOLELY TO PROFESSIONAL PERSONNEL PREPARATION WHEREAS THE CURRENT INITIATIVE IS DEVOTED TO THE DEVELOPMENT OF A CODE OF ETHICS, STANDARDS OF PRACTICE,

AND STANDARDS FOR THE PREPARATION OF PERSONNEL. THE NEED FOR EACH HAS NEVER BEEN GREATER NOR HAS THE INTENT OF THE ORGANIZATION TO FULLY REALIZE ONE OF ITS FOUNDING OBJECTIVES EVER BEEN AS RESOLUTE. THE 80'S WILL DEFINITELY BE REMEMBERED AS THE STANDARDS DECADE FOR CEC.

BASIC TO THE EFFORT IS THE FORMULATION OF A CODE OF ETHICS. THE CODE DELINEATES FOR ALL PERSONS SERVING THE EXCEPTIONAL CHILD THOSE PRINCIPLES AND BELIEFS TO WHICH WE ALL MUST ADHERE IF THE EXCEPTIONAL CHILD IS TO RECEIVE MAXIMUM BENEFIT FROM THE SERVICES WE SEEK TO PROVIDE HIM/HER. THE CODE PROVIDES THE FOUNDATION UPON WHICH THE STANDARDS OF PRACTICE AND PREPARATION ARE BUILT. STANDARDS SEEK TO ASSURE THAT THE BELIEF PRINCIPLES ARTICULATED IN THE CODE ARE REALIZED; THE CODE, THEREFORE, GIVES THE REASON FOR STANDARDS TO EXIST. STANDARDS MAY INDEED FLUCTUATE TO ACCOMMODATE THEIR APPLICATION IN A CHANGING SOCIAL, CULTURAL, OR EDUCATIONAL MILIEU WHEREAS OUR SUBSCRIPTION TO A STRONG CODE OF ETHICS MAINTAINS CONSISTENCY ACROSS TIME AND INDEED, BECOMES STRONGER OVER TIME.

THE PROFESSIONAL STANDARDS COMMITTEE OF CEC HAS PROPOSED EIGHT (8) PRINCIPLES AS THE CODE OF ETHICS FOR EDUCATORS OF EXCEPTIONAL PERSONS. IF ADOPTED, MEMBERS OF THE SPECIAL EDUCATION PROFESSION WILL BE RESPONSIBLE FOR UPHOLDING AND ADVANCING THESE PRINCIPLES. MEMBERS OF THE COUNCIL FOR EXCEPTIONAL CHILDREN WILL AGREE TO JUDGE AND BE JUDGED BY THEM IN ACCORDANCE WITH THE SPIRIT AND PROVISIONS OF THIS CODE. THE EIGHT (8) PRINCIPLES ARE:

- I. SPECIAL EDUCATION PROFESSIONALS ARE COMMITTED TO DEVELOPING THE HIGHEST EDUCATIONAL AND QUALITY OF LIFE POTENTIAL OF EXCEPTIONAL INDIVIDUALS.

- II. SPECIAL EDUCATION PROFESSIONALS PROMOTE AND MAINTAIN A HIGH LEVEL OF COMPETENCE AND INTEGRITY IN PRACTICING THEIR PROFESSION.
- III. SPECIAL EDUCATION PROFESSIONALS ENGAGE IN PROFESSIONAL ACTIVITIES WHICH BENEFIT EXCEPTIONAL INDIVIDUALS, THEIR FAMILIES, OTHER COLLEAGUES, STUDENTS OR RESEARCH SUBJECTS.
- IV. SPECIAL EDUCATION PROFESSIONALS EXERCISE OBJECTIVE PROFESSIONAL JUDGMENT IN THE PRACTICE OF THEIR PROFESSION.
- V. SPECIAL EDUCATION PROFESSIONALS STRIVE TO ADVANCE THEIR KNOWLEDGE AND SKILLS REGARDING THE EDUCATION OF EXCEPTIONAL INDIVIDUALS.
- VI. SPECIAL EDUCATION PROFESSIONALS WORK WITHIN THE STANDARDS AND POLICIES OF THEIR PROFESSION.
- VII. SPECIAL EDUCATION PROFESSIONALS SEEK TO UPHOLD AND IMPROVE WHERE NECESSARY THE LAWS, REGULATIONS AND POLICIES GOVERNING THE DELIVERY OF SPECIAL EDUCATION AND RELATED SERVICES AND THE PRACTICE OF THEIR PROFESSION.
- VIII. SPECIAL EDUCATION PROFESSIONALS DO NOT CONDONE OR PARTICIPATE IN UNETHICAL OR ILLEGAL ACTS.

CONCLUSION

WHY PROFESSIONAL STANDARDS?

WHY THE CONCERN FOR PROFESSIONAL STANDARDS, STANDARDS OF PRACTICE, AND A CODE OF ETHICS FOR SPECIAL EDUCATORS? WHAT IS WRONG WITH THE STATUS QUO? AFTER ALL, SPECIAL EDUCATION HAS EVOLVED SINCE 1923 AND EARLIER WITHOUT STANDARDS OR A CODE OF ETHICS. HOWEVER, MANY PEOPLE, INCLUDING EDUCATORS, DO NOT REALIZE THE PART PLAYED BY PARENTS AND ADVOCACY GROUPS SUCH AS THE COUNCIL FOR EXCEPTIONAL CHILDREN IN THE DEVELOPMENT OF SPECIAL EDUCATION AND IN THE ENACTMENT OF P.L. 94-142 (THE EDUCATION FOR ALL

HANDICAPPED CHILDREN ACT OF 1975). A BETTER QUESTION WOULD BE, "WHERE MIGHT SPECIAL EDUCATION BE TODAY IF IT HAD ELECTED TO DEVELOP STRONG PROFESSIONAL STANDARDS AND STANDARDS OF PRACTICE AS WELL AS A CODE OF ETHICS, AND MOST IMPORTANTLY, ADHERED TO AND ENFORCED THEM? WOULD SCHOOL SYSTEMS STILL BE EMPLOYING PROVISIONAL TEACHERS TO TEACH IN SPECIAL EDUCATION PROGRAMS? WOULD DECISION MAKERS STILL CONTINUE TO PLACE CHILDREN INAPPROPRIATELY WITHOUT PROPER EVALUATION? WOULD CLASSROOM CONDITIONS THAT ACTUALLY INHIBIT THE DELIVERY OF QUALITY EDUCATION PROGRAMS CONTINUE TO EXIST? INDEED, A PLANNED AND REASONED APPROACH TO THE DEVELOPMENT OF STANDARDS COULD HAVE ACCELERATED THE ATTAINMENT OF SPECIAL EDUCATION'S GOALS.

WHILE MANY SPECIAL EDUCATORS WILL OBJECT TO USING REFORM IN MEDICAL EDUCATION FOR COMPARISON, THE FACT REMAINS THAT MEDICAL EDUCATION DOES CONTROL ITS ADMISSIONS, PREVENTS PROLIFERATION, HAS HIGH ADMISSION STANDARDS, AND HAS ACHIEVED A HIGH LEVEL OF TRUST AND RESPECT WITH THE PUBLIC. THE NEED FOR REFORM IN SPECIAL EDUCATION IS OF CRITICAL IMPORTANCE AND PERSONS LIKE YOURSELVES, THE STATESPERSONS OF CEC AND SPECIAL EDUCATION, ADMIRERED AND RESPECTED BY PERSONS LIKE MYSELF AND OTHERS, CAN AND SHOULD LEAD THE WAY. PERHAPS, SPECIAL EDUCATION COULD ORGANIZE A TASK FORCE COMPRISED OF PERSONS LIKE YOURSELF TO EVOLVE A FLEXNER-TYPE OF REPORT. IT COUPLED WITH THE PROPOSED STANDARDS COULD FORM THE BASIS FOR A MEANINGFUL REFORM MOVEMENT. GIVEN YOUR SUPPORT AND LEADERSHIP I AM CONFIDENT THAT REFORM CAN AND WILL OCCUR.

THE DEVELOPMENT OF STANDARDS AND ETHICS WILL NOT SOLVE ALL THE PROBLEMS RAISED BY SUCH ISSUES, NOR ARE THEY INTENDED TO DO SO.

STANDARDS AND ETHICS, FULLY ADOPTED BY SPECIAL EDUCATORS, WILL ENABLE THE FIELD OF SPECIAL EDUCATION TO MEET THE CRITERIA FOR A PROFESSION. SPECIAL EDUCATORS NEED TO ASSUME RESPONSIBILITY FOR WHO ENTERS THE FIELD; THEY MUST DETERMINE WHAT CONSTITUTES "GOOD" SPECIAL EDUCATION; AND THEY MUST BE WILLING TO ENFORCE THE STANDARDS THEY ESTABLISH AND THE CODE OF ETHICS TO WHICH THEY COLLECTIVELY SUBSCRIBE. SPECIAL EDUCATION MUST SEEK TO CONTROL THE QUALITY OF ITS PROGRAMS THROUGH A SYSTEMATIC, CONSCIENTIOUS MONITORING OF ITS OWN PRACTICES AND MEMBERS. NO GROUP IS BETTER QUALIFIED TO PERFORM THIS TASK THAN SPECIAL EDUCATORS THEMSELVES. AND AT NO TIME IN OUR HISTORY HAS THE NEED FOR SPECIAL EDUCATORS, YOU, YOUR COLLEAGUES, AND MYSELF TO TAKE ON THIS TASK. LET US AGREE TO LIVE WITH STANDARDS AND NOT WITHOUT THEM!